

PUBLIC RECORDS ACT REQUEST

ADM-3003 (REV 3/2004)

Instructions:

1. This form is used only for those requests for public records which are made pursuant to the California Public Records Act (Government Code sec. 6250 et seq.). Requests for personal information concerning employees, agents, or customers of the Department are subject to the Information Practices Act (Civil Code sec. 1798 et seq.) and should be submitted on Form ADM-0028 (Record Disclosure Request).
2. Use of this form by public individuals is voluntary. Public Records Act Requests may be submitted in person, by letter, email, fax or telephone. If such an alternate method has been used, this form should be completed by the person responding to the request and the original request must be attached.
3. Copies of records may be provided to the requester after reproduction costs have been paid. Instructions for determining cost and for making payment are on the reverse.

REQUESTED BY

NAME (typed or printed)

TELEPHONE

ADDRESS

CITY

STATE

ZIP CODE

REQUESTER'S SIGNATURE

DATE

DESCRIPTION OF MATERIAL REQUESTED *(Please be as specific as possible. General descriptions and broad requests such as "all documents relating to Interstate 5" will cause uncertainty and delay the processing of your request. Please indicate dates and location of material if known. Attach extra sheet if necessary).*

Is this information being requested for pending or anticipated litigation in which Caltrans may be a party? ☐ YES ☐ NO

Is this request for media purposes? ☐ YES ☐ NO If so, what affiliation _____

Have you, or has anyone on your behalf, requested this information from anyone else within the Department?

☐ YES ☐ NO If so, to who and when _____

For Department Use Only:

Office/Employee Responding

☐ WRITTEN REQUEST☐ ORAL REQUEST

If an oral request, employee completing this form should document the conversation, including the date and time, and attach it to the form.

Name

Office

Phone

Date Received

Date of Response

Date Completed

Log No.

ADA Notice

For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 654-6410 or TDD (916) 654-3880 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

PUBLIC RECORDS ACT REQUEST**Appendix B**

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FOR DEPARTMENT USE ONLY*(If requester wants copies, use the space below for charges)*

RECORD SERIES	DATE OF DISCLOSURE
BUSINESS ADDRESS	BUSINESS PHONE
INFORMATION DISCLOSED	
PURPOSE OF DISCLOSURE	
NAME <i>(Authorized Person Releasing Information) (Please Print)</i>	DISTRICT/DIVISION/OFFICE
AUTHORIZED PERSON <i>(Signature)</i>	DATE

RETENTION OF DISCLOSURE

According to state law, each agency shall retain this form for at least three (3) years after disclosure for which the accounting is made, or until the record is destroyed, whichever is shorter. California Civil Code (IPA § 1798.27).

DEFINITIONS AS USED ON THIS FORM

Disclose - means to disclose, release, transfer, disseminate, or otherwise communicate all or any part of any record orally, in writing, or by electronic or any other means to any person or entity.

Public Records - includes any writing containing information relating to the conduct of the public's business prepared, owned, used or retained by any state or local agency regardless of physical form or characteristics.

Personal Information - means any information that is maintained by an agency that identifies or describes an individual.

NOTE: There are exemptions to disclosures in Public & Personal Records. If you are not sure, check with

COPY COST AND COLLECTION

The requester should pay the appropriate fee, if any, to the Cashier's Unit. Records can be released upon proof of receipt of payment. Prices are subject to change without notice.

The Cashiers Unit in Headquarters (counter) is located at 1820 Alhambra Blvd., 2nd floor. A cashier is also available in each of the twelve districts.

DESCRIPTION OF PUBLIC RECORDS	QUANTITY	COST PER UNIT	SUBTOTAL
PERSONAL RECORDS <i>(Any Size Paper)</i>		\$.25 Per Page	\$
8.5" x 14" OR SMALLER, 20# COPIES		\$.25 Per Page	\$
COLOR COPIES <i>(Any size Paper)</i>		\$.59 Per Page	\$
11" x 17" REDUCED DRAWINGS (C Size)		\$.25 Per Page	\$
Size:		\$	\$
COMPUTER DISK		\$ \$1.00 Per Disk	\$
AUDIO / VIDEO / PHOTO		Cost of outside vendor + \$7.00 shipping	\$
ENGINEERING (C-E SIZE)			
20# BOND Size:		\$.13 Square Foot	\$
VELLUM Size:		\$.20 Square Foot	\$
BLUELINES Size:		\$.13 Square Foot	\$
Size:		\$	\$
MICROFILM			
APERTURE CARDS COPIES		\$.63 Each Card	\$
COPIES MADE FROM MICROFILM Size: 11" X 17"		\$ 2.50 Per Sheet	\$
Size: 24" X 36"		\$ 7.50 Per Sheet	\$
PUBLICATIONS & CONTRACTOR'S PAYROLL RECORDS	SPECIAL RATES	CHECK THE GUIDELINES	\$
PLEASE PAY TOTAL → →			\$

CHECK/RECEIPT NUMBER:

AMOUNT PAID: